denunciation of his claims. Hence, the writer appreciates all the more the support that has been given by those who have discussed this subject. The occasional opposition encountered nowadays seems to come from those sources where the methods of diagnosis have been improperly or unskillfully applied, or where the patients have not been selected. There should be a word of warning against the indiscriminate and unskillful application of the tests; neither should the possibility of co-existing lesions elsewhere be overlooked.

The remarks brought out in the discussion are all in accord with the subject. It is encouraging to learn that stricture of the ureter is beginning to receive more general recognition. It is hoped that the explanation of the mechanism of this condition will make the subject clearer to a greater number of physicians.

Clinical Notes and Case Reports

ROCKY MOUNTAIN SPOTTED FEVER—REPORT OF A FATAL CASE

By BEAUMONT BROWN, M. D., AND GEORGE MAGEE, M. D.,
Yerington, Nevada

This report of Rocky Mountain spotted fever near Lake Tahoe is a matter of considerable importance to both public and personal health doctors, as well as to the people of Nevada and California.

Prompt energetic action NOW might prevent subsequent extensive expense and loss of life.—EDITOR.

This case is reported because we know of no other cases coming from this extreme western section of the state.

J. P., 44, rancher. Family history: negative. Past history: typhoid, age 18. Present illness: On May 24, while driving cattle near Como, about thirty-five miles east of Lake Tahoe, he was bitten by several ticks. He noticed no symptoms until May 28, when he had a chill followed by severe headache and pains in the joints and lumbar region. These symptoms continued until June 4.

The headache was frontal and throbbing. There was a slight unproductive cough. Constipation was present, and the urine was reduced in amount. The face was flushed, the conjunctivae injected, and the pupils reacted normally to light and accommodation. There were no adenopathies and no stiffness of the neck. Respirations were 30, the lungs were clear; pulse 100, full and strong; blood pressure 140/90, and there were no adventitious heart sounds. The abdomen was not tender; liver and spleen not palpable. The reflexes were normal. The urine showed a specific gravity of 1022, acid. Alb. 0; sugar 0, but with great numbers of granular and blood casts. The blood Hg. 80 per cent; r. b. c. 4,400,000; w. b. c. 16,000. Polys. 60 per cent; l. m. 20 per cent; s. m. 15 per cent; trans. 5 per cent. Eosin. 0. Baso. 0. Wassermann negative. Blood culture not taken. Dermacentroxenus rickettsii not found in smears. Tissue sent to Dr. G. Rusk for biopsy.

At this time (June 1) a faint rash could be seen, consisting of rose-colored macules about 1-3 mm. in diameter, not elevated, and disappearing on pressure. The rash was more prominent on the wrists, ankles, arms, and back. By June 4, the macules assumed a purplish color and became larger and did not disappear on pressure. On June 5, petechial hemorrhages of varying size appeared in the cutaneous and subcutaneous tissue. The skin was not sensitive except on the scrotum, where there was a hemorrhagic area the size of a dollar which was very tender. From June 1 to June 4 his condition continued practically unchanged. On June 4 he became irrational. The temperature dropped to normal, the pulse increased to 130, and the blood pressure dropped to 80/60. He gradually became worse and died June 8, the twelfth day of the disease.

ADRENALIN (INTRACARDIAC) SAVES CESAREAN INFANT

By JULIUS R. HAMILTON, M. D., *Hollywood, Calif.*

EDITOR'S NOTE—*Doctor Hamilton here presents the kind of a case report that delights, because his useful message is so briefly, yet withal so well presented, that it will be widely read.*

As the result of an ankylosed condition of practically all joints due to a long-standing arthritis of about seventeen years, it was necessary at termination of pregnancy to effect delivery by Cesarean section. The operation and subsequent recovery of the mother was uneventful. The placenta was attached to the posterior surface of the anterior wall of the uterus, and it was necessary to continue the incision through it, which, of course, interfered with the blood supply of the child. The cord encircled the child by several turns, and by the time this was freed and the child delivered, though with no undue delay, there were no signs of viability in the child whatever. The color was and remained grayish, no flushing, no efforts of respiration, and no heart sounds. The many usual methods of resuscitation were employed over a period of at least fifteen minutes, with negative results, after which time I resorted to an *intracardiac* injection of 8 minims of 1 to 1000 solution of adrenalin. Artificial respiration was continued, and in perhaps thirty to forty-five seconds I detected a slight fluttering impulse under my hand which was over the heart. This flutter was repeated, and then impulses were distinctly present, which became rapidly more regular and stronger. It was perhaps five or six minutes later, artificial respiration being constantly employed, before voluntary respiration was established. There was no further medication, and to the present time, which is four months, the child seems perfectly normal.

I felt a little hesitancy in using a dose as large as 8 minims, thinking of possible convulsions if successful in resuscitation, but the moribund state over that period of time, I thought, warranted it, and there were no ill effects whatever. I have purposely delayed reporting this case, to note any possible resulting complications due to the above procedure, but have discovered none, and of the four cases I found reported, three had died within thirty-six hours.

THE AFTER CARE OF INDUSTRIAL ACCIDENTS

By A. J. LANGAN, M. D.,
First National Bank Building, San Pedro, Calif.

It is mainly with the after care that the average industrial surgeon is mostly concerned. The after care is where most surgeons make the mistake of taking for granted that the injury is progressing satisfactorily, and allow a nurse or assistant to follow up the treatments. It is in this manner that contractures, ankylosis, infection, slipping back of fractures, are most apt to occur and result disastrously, both for the patient and for the surgeon. It is far better to have a patient report daily, if for nothing more than a casual glance, than to allow a case to progress unseen from day to day, allowing only weekly or bi-weekly visits. To be sure, daily visits mount into the expense of the care of the patient, but better cut the fee in accordance with the standard or usual fee for such work and have satisfaction than to allow patients to remain away until some complication develops, which will cost triple the extra surgical cost.

In the proper handling of cases in the after care, is the real secret of success in handling industrial accident cases. In my office the daily visit system is practiced; it inspires the confidence of the patient and allows the surgeon to forestall any possible complications. Many men have not the facilities for proper home care. To these men the daily hand or foot bath, the proper application of a loosened splint, the instillation of collyria or withdrawal of soiled drainage and re-insertion of new, means the more rapid healing and a quicker return to work. Close contact with a patient brings confidence to the patient, and confidence means better co-operation with the surgeon.

No industrial surgeon's equipment is complete without